

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000012017

FILED
Feb 16, 2005
Secretary of State

Entity Name: ACCULABEL SYSTEMS, INCORPORATED

Current Principal Place of Business:

4695 NW 58TH TERRACE
CORAL SPRINGS, FL 33067

New Principal Place of Business:

Current Mailing Address:

4695 NW 58TH TERRACE
CORAL SPRINGS, FL 33067

New Mailing Address:

FEI Number: 65-1084494

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLINK, STEVEN
4695 NW 58TH TERRACE
CORAL SPRINGS, FL 33067 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: FLINK, AMY C
Address: 4695 NW 58 TER
City-St-Zip: POMPANO BEACH, FL 33067

Title: P () Delete
Name: FLINK, STEVE
Address: 4695 NW 58 TERR
City-St-Zip: POMPANO BEACH, FL 33067

Title: V () Delete
Name: FLINK, DARYL
Address: 4695 NE 58 TER
City-St-Zip: POMPANO BEACH, FL 33067

Title: T () Delete
Name: FLINK, KEVIN
Address: 4695 NW 58 TERR
City-St-Zip: POMPANO BEACH, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: FLINK, AMY C
Address: 4695 NW 58 TER
City-St-Zip: CORAL SPRINGS, FL 33067

Title: P (X) Change () Addition
Name: FLINK, STEVEN L
Address: 4695 NW 58 TERR
City-St-Zip: CORAL SPRINGS, FL 33067

Title: V (X) Change () Addition
Name: FLINK, DARYL
Address: 4695 NE 58 TER
City-St-Zip: CORAL SPRINGS, FL 33067

Title: T (X) Change () Addition
Name: FLINK, KEVIN
Address: 4695 NW 58 TERR
City-St-Zip: CORAL SPRINGS, FL 33067

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN L. FLINK

PRES

02/16/2005

Electronic Signature of Signing Officer or Director

_____ Date